2023 Medical Benefits Highlights – Most/Local 77 Plans

The purpose of this document is to help you make decisions; it is not a contract. Details are provided in your medical plan booklet at https://www.seattle.gov/human-resources/benefits/employees-and-covered-family-members/local-77-plans.

Kaiser Permanente	City of Seattle T	raditional Plan	City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Deductible (per calendar year)				
No deductible	\$400 per person	\$1,000 per person	\$100 per person	\$450 per person
	\$1,200 per family	\$3,000 per family	\$300 per person	\$1,350 per family
	Deductible applies to m	ost services, except as	Deductible applies to mos	t services, except as noted.
	noted. Deductible does no	ot apply for prescriptions	Deductible does not apply	y for prescriptions or when
	or when the Inpatient co-	pay or emergency room	the inpatient copay or	emergency room copay
	со-рау а	applies	app	olies
Annual Out of Pocket Maximum (OOP Max) includes c	opays and coinsurance afte	r any applicable deductible	e. Excludes prescription dru	ig copays
\$2,000 per person	\$1,000 per person	\$2,000 per person	\$2,000 per person	\$3,000 per person
\$4,000 per family	\$3,000 per family	\$6,000 per family	\$4,000 per family	\$6,000 per family
Total Annual Out of Pocket Maximum: includes medic	al copays, coinsurance, and	the deductible. Excludes p	prescription drug copays	
\$2,000 per person	\$1,400 per person	\$3,000 per person	\$2,100 per person	\$3,450 per person
\$4,000 per family	\$4,200 per family	\$9,000 per family	\$4,300 per family	\$7,350 per family
Hospital Copay				
\$200 per admission	\$200 copay per admission	\$200 copay per	\$200 copay per admission	\$200 copay per
		admission		admission
Hospital Pre-admission Authorization				
Except for maternity or emergency admissions,	Except for maternity or em	nergency admissions, your	Except for maternity or	Member responsible for
must be authorized by Kaiser Permanente	physician must contac	ct Aetna prior to your	emergency admissions,	obtaining precertification
	admission. Member res	sponsible for obtaining	your physician must	of out-of-network care
			contact Aetna prior to	
			your admission	

Choice of Providers Any Aetna contracted provider at Kaiser Permanente Any Aetna contracted provider member. No primary care physician selection required. Any licensed, qualified provider of your choice. Any Aetna contracted providers. No primary care physician selection or reasonable* charges. You pay the difference between R&C and billed charges. Any Aetna contracted charges. Any Aetna contracted provider of your choice. You pay the difference between R&C and billed charges. You pay the difference between R&C and billed charges. You pay the difference between R&C and billed charges. You pay the difference between recognized charges. You pay the difference foto tharg	Kaiser Permanente	City of Seattle	Traditional Plan	City of Seattle Preventive Plan		
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		deductible	deductible			
Contraceptives	Contracentives					

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle P	Preventive Plan
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
For contraceptive drugs and devices,	Contraceptive devices a	nd other products covered	Contraceptive devices and	Contraceptive devices
see Prescription Drug benefit	as medic	al benefits.	other products covered as	and other products
	(See Prescr	iption Drugs.)	medical benefit. (See	covered as medical
			Prescription Drugs.)	benefit. (See Prescription
				Drugs.)
Durable Medical Equipment				
Paid at 80% after deductible	Paid at 80% after	Paid at 60% after		Paid at 60%
	deductible	deductible	Breast pump covered at	
	Breast pump covered at		100% through	
	100% through		DME provider	
	DME provider			
Emergency Medical Care				
Urgent Care Clinic	Paid at 80% after	Paid at 60% after	Paid at 100% after \$15	Daid at CO%
Paid at 100% after \$15 copay	deductible			Paid at 60%
	deductible	deductible	copay (no fee for	
Emergency Deem (concursived if admitted)			preventive care)	
Emergency Room (copays waived if admitted)	Paid at 80% after \$150	Paid at 80% after \$150		
Kaiser Permanente facility: Paid at 100% after \$100		copay. If not	Paid at 90% after	Paid at 90% after \$150
сорау	copay.	emergency, paid at 60%	\$150 copay	copay. If non-emergency,
Non-Kaiser Permanente facility: Paid at 100% after		after deductible.		paid at 60% after copay
\$100 copay				
> Ambulance		1 1 11 1		
Paid at 80%		r deductible when	Paid at 90% after dedu	
Kaiser Permanente-initiated non-emergency transfers	-	necessary.	necessary. Non-emerge	
are paid at 100%	• • •	oort must be approved in vance.	approved in	n advance.
Hospital Inpatient	auv			
Paid at 100% after \$200 copay	Paid at 80% after \$200	Paid at 60% after \$200	Paid at 90% after \$200	Paid at 60% after \$200
	copay.	copay	copay.	copay
Hospital Outpatient	copay.	copay	copay.	copay
Paid at 100% after \$15 copay	Paid at 80% after	Paid at 60% after	Paid at 90% after	Paid at 60% after
	deductible	satisfaction of	deductible.	deductible
		deductible		
Hospice				
Paid at 100%	Paid at 80% after	Paid at 60% after	Paid at 90%	Not covered
	deductible	deductible		

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Maternity Care (delivery & related hospital)				
Paid at 100% after \$200 copay per admission	Paid at 80% after	Paid at 60% after \$200	Paid at 90% after	Paid at 60% after
	\$200 copay	сорау	\$200 copay	\$200 copay
Maternity Care (prenatal and postpartum)				
Paid at 100% after \$15 copay. Routine care not	Paid at 80% after	Paid at 60% after	Paid at 90% after	Paid at 60%
subject to outpatient services copay	deductible	deductible	\$15 copay	

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle F	Preventive Plan
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Mental Health Care (inpatient)				
Paid at 100% after \$200 copay	Paid at 80% after \$200	Paid at 60% after \$200	Paid at 90% after \$200 copay	Paid at 60% after \$200 copay
Mental Health Care (outpatient)	сорау	сорау		
Paid at 100% after \$15 copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$15 copay	Paid at 60% after deductible
Physician Office Visit				
Paid at 100% after \$15 copay	Paid at 80% after deductible	Paid at 60% after deductible	Paid at 100% after \$15 copay	Paid at 60% after deductible
Prescription Drugs (retail)				
For a 30-day supply: Generic: \$15 copay Brand: \$30 copay Contraceptive drugs and devices are covered in full. Selected preventive over-the-counter drugs covered at 100% in certain situations. Your pharmacy copays will apply to the annual out of pocket maximums.	For a 31-day supply: Generic: 30% coinsurance Brand: 40% coinsurance The minimum coinsurance is \$10, or actual cost of the drug is less. Maximum coinsurance is \$100 per drug.	Not covered	For a 31-day supply: Generic: 30% coinsurance Brand: 40% coinsurance The minimum coinsurance is \$10, or actual cost of the drug is less. Maximum coinsurance is \$100 per drug.	Not covered

Kaiser Permanente	City of Seattle Tr	aditional Plan	City of Seattle Preventive Plan	
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
	Coinsurance applies to the a pocket prescription maximu per family. Prescription Allo sedating antihistamines (fo Proton Pump Inhibitors (for ulcer treatment): City pays participant pays remainder, medications are also includ diabetic drugs and supplies. Coinsurance for asthma, an tobacco cessation drugs 10° for brand. Selected prevent drugs covered at 100% in ce oral contraceptives are cove Contraceptive devices and contraceptive products are medical plan benefits.	um per person, \$3,600 owance on all non- r allergy symptoms) and t heartburn relief and \$20 per month, some over the counter ed. \$5 copay for generic , \$15 copay for brand. ti-high cholesterol, and % for generic and 20% tive over-the-counter ertain situations. Generic ered at 100%. other prescription	Coinsurance applies to the a pocket prescription maximu family. Prescription Allowan antihistamines (for allergy s Pump Inhibitors (for heartbu treatment): City pays \$20 pe remainder; some over the c also included. \$5 copay for g supplies, \$15 copay for brar asthma, anti-high cholestered drugs 10% for generic and 2 preventive over-the-counte in certain situations. Generi covered at 100%. Contracep prescription contraceptive p under the medical plan bene	Im per person, \$3,600 per ice on all non-sedating ymptoms) and Proton urn relief and ulcer er month, participant pays ounter medications are generic diabetic drugs and ad. Coinsurance for ol, and tobacco cessation 0% for brand. Selected r drugs covered at 100% c oral contraceptives are otive devices and other products are covered
Prescription Drugs (mail order)				
For a 90-day supply: Generic: \$45 copay Brand: \$90 copay Contraceptive drugs and devices are covered in full. No copay on all smoking cessation drugs through mail order. Your pharmacy copays will apply to the annual out of pocket maximums.	For a 90-day supply: Generic : 30% coinsurance Brand : 40% coinsurance Minimum is \$20 or double the cost of the drug if less. Maximum is \$200 per drug. Generic oral contraceptives covered at 100%.		For a 90-day supply: Generic : 30% coinsurance Brand : 40% coinsurance Minimum is \$20 or double the cost of the drug if less. Maximum is \$200 per drug. Generic oral contraceptives covered at 100%.	Not covered
Prescription Drugs Annual Out of Pocket Maximum				
Included in annual out-of-pocket maximum	\$1,200 per person \$3,600 per family	Not covered	\$1,200 per person \$3,600 per family	Not Covered

Kaiser Permanente	Kaiser Permanente City of Seattle Traditional Plan		City of Seattle P	reventive Plan
	Preferred Provider	Non-Preferred	Aetna In-Network	Out-of-Network
Preventive Care		Provider		
Paid at 100% for adult physical and well child exams and most immunizations and preventive services	Paid at 100% Covers adult physical and well child exams, immunizations, digital rectal exams/PSA, colorectal cancer screening	Paid at 60% for mammograms, deductible waived. No other preventive services covered.	Paid at 100% Covers adult physical and well child exams, immunizations, digital rectal exams/PSA, colorectal cancer screening	Paid at 60% for well woman care and mammograms. No other preventive services covered.
Rehabilitation Services (inpatient)				
Paid at 100% after \$200 copay per admission. Maximum of 60-days per calendar year for occupational, speech, and physical therapy.	Paid at 80% after \$200 copay	Paid at 60% after \$200 copay	Paid at 100% after \$15 copay	Paid at 60%
Most /Local 77 Modical Plan Comparison			120 days per calendar yea rehab services in-netwo combi	ork and out-of-network

Kaiser Permanente	City of Seattle Traditional Plan		City of Seattle F	Preventive Plan
	Preferred Provider	Non-Preferred Provider	Aetna In-Network	Out-of-Network
Rehabilitation Services (outpatient)		· ·		
Paid at 100% after \$15 copay	Paid at 80% after	Paid at 60% after	Paid at 100% after	Paid at 60% after
Maximum of 60 visits per calendar year for	deductible	deductible	\$200 copay	deductible
occupational, speech, and physical therapy.	-	essary physical/massage,	Includes medically neces	
		and cardiac/pulmonary	speech, occupational and c	
		c conditions. Coinsurance	for non-chronic condition	
		Max. Coverage of services	apply to OOP Max. Cover	•
		w for medical necessity at	Aetna's review for medic	cal necessity at any time.
	any	time.	<u> </u>	
Skilled Nursing Facility	1	· · ·	l	
Paid at 100%; 60-day maximum per calendar year	Paid at 80% after	Paid at 60% after \$200	Paid at 90% after	Paid at 60% after
	\$200 copay	сорау	\$200 copay	\$200 copay
	Maximum of 90 da	ays per calendar year	Maximum of 120 days p	-
			network and out-of-	-network combined
Smoking Cessation	1		1	
Paid at 100% for individual/group sessions through	Lifetime maximum of	Not covered	U	Not covered
Quit For Life. Nicotine replacement therapy included	one 90-day supply of		prescription drugs	
in Prescription Drugs benefit. No copay on all smoking	smoking cessation aids or	-	covered subject to 10%	
cessation prescription drugs through mail-order.	drugs. See Prescription		generic, 20% brand drug	
	Drugs, retail.		coinsurance	
Spinal Manipulations	1		1	
Paid at 100% after \$15 copay. Self-referral to Kaiser	Paid at 80% after	Paid at 60% after	Paid at 100% after	Paid at 60% after
Permanente-designated providers. Must meet Kaiser	deductible	deductible	· · · /	deductible
Permanente protocol. Maximum of 10 visits per		er year for in-network and	Maximum of 20 visits p	-
calendar year.	out-of-netw	ork combined	network and out-of-	-network combined
Sterilization Procedures				
Inpatient: Paid at 100% after \$200 copay	Paid at 80% after	Inpatient: Paid at 60%	Inpatient: Paid at 90% after	r Paid at 60% after
Outpatient: Paid at 100% after \$15 copay	\$200 copay	after \$200 copay	\$200 copay	\$200 copay
Women's sterilization procedures covered in full	Outpatient: Paid at 80%	Outpatient: Paid	Outpatient: Paid at 90%	Outpatient: Paid
		at 60%	after deductible	at 60% after deductible
Tooth Injury/Oral Surgery (due to accident)				
Not covered	Inpatient: Paid at 80%	Inpatient: Paid at 60%	Inpatient: Paid at 90%	Paid at 60% after \$200
	after \$200 copay	after \$200 copay	after \$200 copay	сорау
	Outpatient: Paid at 80% after deductible	Outpatient: Paid at 60% after deductible	Outpatient: Paid at 100% after \$15 copay	Outpatient: Paid at 60% after deductible

Kaiser Permanente		City of Seattle Traditional Plan		
	Preferred Provider Non-Prefe			Non-Preferred Provider
Vision Exam/Hardware				
Exam: Paid at 100% after \$15 copay. One exam every	Covered un	der VSP	Co	overed under VSP
12 months. Hardware: Not included				
X-ray and Lab Tests (Outpatient)				
Paid at 100%	Paid at 80% after	Paid at 60% after	Paid at 90% after	Paid at 60% after
	deductible	deductible	deductible	deductible
	Provider responsible for		Provider responsib	le for
	precertification of high		precertification of I	high
	tech radiology		tech radiology	

*Applies to Aetna -- Recognized charges are the lower of the provider's usual charge for performing a service, and the charge Aetna determines to be the recognized charge percentage in the geographic area where the service is provided.

Plan details are in your medical plan booklet at <u>seattle.gov/human-resources/benefits/employees-and-covered-family-members</u>. This document is not a contract.